

Stafford Animal Hospital Boarder Consent Form

Chart No.: _____

Confirmed Dates: From _____ To _____ Pet's Name(s): _____
Weekend/Holiday: Pickup Drop off Sat Sun Holiday 8 am 5 pm

Owner's Name: _____

Address: _____

Cell Phone 1: _____ Cell Phone 2: _____

Email: _____

Personal Items: Leash Collar Carrier Other: _____

Allergies: _____ Medications: _____

Food: Own SAH Wet Dry Feeding Instructions: _____

Please list any treatments or surgery to be rendered during your pet's stay:

Please read and sign your acceptance of this boarding contract

1. We require a 48 hours notice prior for any changes or cancelations to reserved dates.
2. If you should decide to pick up early we require 48 hours notice prior to original pickup day to not charge you for the additional days. If you have already paid for boarding we require 48 hours notice prior to original pickup day to refund any extra days.
3. All reserved boarding time & any services rendered during boarding will be paid in full no later than the pickup date. However, pickups made on weekends or holidays are required to be paid in full at time of drop off as the front office is closed on those days. If dropping off and picking up on a weekend payment is required to be paid in full prior to drop off.
4. Your pet must be properly vaccinated at the time of boarding. Vaccines not administered by Stafford Animal Hospital need to be administered by a licensed veterinarian and be properly documented. **Boarding exams are required yearly.**
5. If an animal has internal or external parasites (ex: fleas, tapeworms, etc) they will be treated at the owner's expense. This is for the health of your animal and to protect other animals in our care. _____(Initial)
6. If you have requested a paid bath, please call prior to pickup to ensure that your pet has had enough time to dry; typically this results in pickups between the hours of 4-6pm. There are absolutely no baths on weekends.
7. If an owner brings medication or the veterinarian prescribes medication while in our care there will be an additional charge per day (does not include heartworm preventative or flea & tick preventative). If your pet needs insulin there will be an Insulin boarding medication fee per day. _____(Initial)
8. Any pet who excessively soils themselves will receive a bath at owner's expense and any pet who excessively soils their cage will incur an additional charge. _____(Initial)
9. During non-business hours, our veterinary assistants clean, feed and check on all animals. If medical care is needed, a veterinarian will be called for medical instructions. Emergencies will be transported to the emergency clinic and the owner will be contacted for authorization and billing information by the emergency clinic. If the owner cannot be reached, care will be rendered in accordance with this consent contract at the owner's expense. _____(Initial)

I, as owner or agent for the owner of this pet, authorize the staff at Stafford Animal Hospital to perform any medical procedures as necessary (in the veterinarian's professional judgement) for my pet's well being while in our care. I understand that every effort will be made to contact me prior to the treatment. I have read this consent form carefully and my signature below indicated acceptance to all conditions listed here.

Signature: _____ Date: _____